em of infor-	should state	f OCCUPA.	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MANENT REC	ACTLY. P	assified. Exac	
IS IS A PER!	e stated EX	e properly cl	f certificate.
G INK-THI	GE should b	hat it may b	ns on back o
H UNFADIN	supplied. A	in terms, so t	See instructio
AINLY, WITH	d be carefully	DEATH in pla	TION is very important. See instructions on back of certificate.
-WRITE PL	mation shoul	CAUSE OF	TION is very

	F MARYLAND—	CERTIFICATE OF DEATH 11563
1. PLACE OF DEATH County OWN	rest	Registration Dist. No. 268
Village or City DEALS ISLA	No, Mo, Ma	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eth occurred yrs	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME (a) Residence: No.	97-11-U-U-U-U-	St. Ward.
(a) Residence. No.	(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH William (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended deceased from
/ / / / / / / / / / / / / / / / / / / /	S/mr (+/24)	
7. AGE Years Months	Days / If LESS then	to hevo occurred on the date stated above, atm.
0 0	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, otc		Mother lifty for heavy Oate of onset
A. Hade, processing, the participant of the control		well the trees
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant In this occupation	Premarin birth of 5 mo
12. BIRTHPLACE (city or town) 28ALS 18. (State or country)	AND, MD	Olhor Contributory Causes of importance:
13. NAME COMPLY	A FORM	
H 13. NAME C C 13. NAME 14. BIRTHPLACE (city or town) (Stato or country)	1SEATE, WO.	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME (LLC)	of moon	23. If death was due to external causes (VIOL ENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Md	Accident, suicide, or homicido? Date of injury, 19
17. INFORMANT	Chyn	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALUE)	Mate 20 4 , 1934	Mannor of injury
19. UNDERTAKER Hared TM. (Address)	elete	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 10 - 4 - 1934 RO	a Welste Registrar.	(Signed) M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
guagau v. s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2/.1
County mussels.	Registration Dist. No.
Village or City Massumas Po. Someost	GND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U. S. if of foreign birth?yrsds.
2. FULL NAME befant - He down	
(a) Residence: No. Musus as On M. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE While OR DIVORCED (write the word) G mull child	21. DATE OF DEATH Nov. 12 193 H
	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WtFE of	22. I HEREBY CERTIFY. Thet I attended decessed from
6. DATE OF BIRTH (month, dev. and year) W-12 1934	, 19, to, 19,
	i last saw h alive on, 19; death is sald
A A la	to heve occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
O Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Das Barrella
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occuration (month and to the count in this	1000,377
1D. Date deceased lest worked at this occupetion (month end year) spent in this occupetion	
12. BIRTHPLACE (city or town) on D	Other Contributory Canses of Importance:
(Stete or country)	Crenotin sy o Obreento
13. NAME Nome A done.	/
13. NAME Name A dome. 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME (n a y om a Madar).	23. If deeth wes due to externel causes (VIDLENCE) fill in else the following:
16. SIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
17. INFORMANT Arom Adoms (Address) Maryana Od Mal	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL PREMATION, DR REMOVAL	Manual of tall
Place Tamply rurying bothe 17/3, 1934	Menner of injury
19. UNDERTAKER FURALLE CLASSICS (Address)	24. Wes diseese or injury in any wey related to occupation of deceesed?
20. FILED 11/13 , 1934 Genelia 12. Fairson	(Signed) Company (Address) Many (Address) Many (Address) Many (Address) (Add

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
UEU D ED A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ONFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-unplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WITH V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-20
County Acres 5	Registration Dist. No. ≪ 6
Village or City Dave well	No. St., Ward
Length of residence in city or town where death occurred 7.7 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME 10 h. 2. 13027	lean
(a) Residence: No. Danes T. al	est De Marie
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 1. COLOR OR RACE 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 1. COLOR OR RACE 1. COLOR OR RACE	21. DATE OF DEATH Nov 28 (Year)
Sa. If married, widowed, or divorced HUSBAND of	22. PHEREBY CERTIFY, That I attended deceased from
(or) WIFE of Willows	NATO 28 1924 to NEW 20 1934
6. DATE OF BIRTH (month, day, and year)	Hast saw have alive on NOV 212 19.34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10, 11,m.
7 6 0 13 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	were es rollows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
on Industry or business in which work was done, es SILK MILL,	Valverias heart listo
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1933) spent in this occupation.	The second
/2 0 1-	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	Olisally
13. NAME 14. BIRTHPLACE (city or town) Davis Chala or country)	
14. BIRTHPLACE (city or town) Name Chestle.	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15 MAIDEN NAME WILLESTON	23. If death was due to external causes (VIOLENCE) fill in also the following:
15 MAIDEN NAME Welleber 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or the PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Nayes Lugales Date VOV 29, 19.34	Nature of injury
19. UNDERTAKER Steels School	24. Was disease or injury in any way related to occupation of deceased?
20. FILED HOV 29, 1934 Wirs W. S. Kelly Registry	(Signed) January M. (Address) further All
	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	4 in a second	Example II	
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Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1835			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Village o	i oily y con		(1)	NO. f death occurred in a hospital or insti	tution, give its NAME instead	d of street and Bu
Length of	residence in city or town whe	re death occurred	yrsmos	ds. How long in U.S. if	of foreign birth?y	/rsmos
2. FULL N	IAME Mes	the	Brit	tichen		
(a) Resid	lence: No.	sile	n.	Øt., Ward.		
		(Usual plac	ce of abode)	и	If nonresident give cit	
	NAL AND STATIS				CERTIFICATE OF	DEATH
Ferra	4. COLOR OR RACE	S. SINGLE, MA OR DIVORCE	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	Month) (1	308 Day)
5a. If married, wi HUSBANO o (or) WIFE o		Britte	island	1 HEREB	Y CERTIFY The	at I attended d
C DATE OF BAR		1. (1	Clest sew h.C. T. alive on	See F	10.34
7. AGE	H (month, day, and year) Years Months	Days	If LESS than	to heve occurred on the date sta	ted above at 1/Per	1 132
7. AGE	80!		1 day,hrs.	The PRINCIPAL CAUSE OF DEA		
	ofession, or perticular	2	ormln.	were as follows:	-daste	0:0
SAWY	of work done, as SPINNER, ER, BOOKKEEPER, etc.	Mide	vile	There	La Ocias	is
work work	or business in which was done, as SILK MILL,			<		A .
	MILL, BANK, etceased lest worked at	11 Total	I time (unanch	Cerebra	alleral	Lolen
o this o	ccupation (month and	SI SI	I time (years) pent in this coupation			
12. BIRTHPLACE (State or	Ø		1 mid	Other Contributory Causes of Im	portance:	
12. BIRTHPLACE		neise	1 Juan		<i></i>	
™ 13. NAME	0	00	11-1-1-		Car D	
	Jerne	0-0	gardery	4		
	ACD (city or town)	my		Name of operation	De	Date of
. E	Do	an a	midst	What test confirmed diagnosis?_	Course	747 1197
15. MAIOEN	- Julian	220	pyus	23. If deeth wes due to external co	1 /	11-11-11-12
15. MATUEN 16. BIRTHPLA (State	ACE (city of town)	mun.		Accident, suicide, or homicide? Where did injury occur?	030 01	injury
	Time	La h	alder	Specify whether Injury occurred	(Specify of or lown, of	county and State
17. INFORMANT(Address)	rage	Leve,	na.	Specky whether injury occurred	III INDUSTRI, III HOMES OF	IN PUBLIC PLA
18. BURIAL, CREM	ATTON, OR REMOVAL		0	Manner of injury		~
Place. U	netver	Date	- 4-,1934	Nature of injury		
19. UNDERTAKER	11):16	Lesus		24. Was diseese or Injury In any	way related to occupation of	deceased?
(Address)	37 But	W Pine	auxi amo	If so, specify	0	20
1 10	21 7	1 1.	- Il mis	(Signed)	1. 118	MAG

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:	f f	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	50
1. PLACE OF DEATH		
County Structure of	Registration Dist. No. 265	_
Village or City Indeed Well	No. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long in U.S. if of foreign birth?	
2. FULL NAME Carples Toron	now long in 0.3.1 of lotesgn until	
Ac. C. T.	, , , , , , , , , , , , , , , , , , , ,	
(a) Residence: No. 3 3 5 (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Nov. 14, 193	34
5a. If married, widowed, or divorced . O Mas Bossen	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I ettended decer	ased from
DATE OF DOTT (1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	70 41 44	192.7-1.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1,460 m.	eth is sald
5-3 On 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	wara se follows:	ta of onsat
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased fast worked at # 1003 4 11. Total time (years), this occupation (month and	Company the	1
9. Industry or business in which work was done, as SILK MILL,	Justine Valuation 11	10/34
SAW MILL, BANK, etc.		
10. Date deceased fast worked at 11/10/3 45 11. Total time (years) spent in this spent in this 40 400 occupation.		
12. BIRTHPLACE (city or town) Crusfield	Other Cantributory Causes of Importance:	
(State or country) Ma		
14. BIRTHPLACE (city or town) Wolfs		
14. BIRTHPLACE (city or town) Westerter to Sud	Name of operation Dete of	
(State or country)	Whet test confirmed diegnosis? Was there an autops	sy?
15. MAIDEN NAME Mugge Colley 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,	19
State or country)	Where did injury occur?	
17. INFORMANT Church 1° Wylles (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Towny Len Date Ov 19 , 1934	Nature of injury	
19. UNDERTAKER John a Brodston	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Centred Ing	If so, specify 1	
20. FILED Mar 15, 19 & 4 le & Leveling	(Signed) Address (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			_ = 1013-
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

RGIN RESERVED

V. S. No. 1

stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

1. PLACE OF DEATH	23
County Domersot	Registration Dist. No. 267
Village or City I Comes Quaptor (If Length of residence In city or town where death occurred yrs mos	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Farvey Alexande (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH NOW (Month) (Day) (Year)
5a. If makind, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. That I attended daceasad from April 12, 1984, to NOO 10, 1984; death is said to have occurred on the date stated above, at April 1984;
2 8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decased last worked at this occupation (nyinth and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
13. NAME Charoey A. Brown Sr 14. BIRTHPLACE (city or town) 17 and 1 and 1	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Riggle Roxbury 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT. Omgr & Jones	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Danies Quartespate Mid. 12, 1934	Mannar of Injury
19. UNDERTAKER William & ames (Address) Princeles and Will.	(20)
20. FILED NOV 1, 1934 HUS W. S. Kelly Registrar. If more blanks are needed, address State Projection.	(Signad) M. D. (Address) M. D. 2411 N. Charles Street, Baltimore, Requesting U. S. W. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IRECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
WORLAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	Carlotte and the same		
87			

Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11509
1. PLACE OF DEATH	(m)
County Somern	Registration Dist. No. 2-65
Village or City Turk	No. St. Ward
(If Length of residence In city, or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
IN OIL OF	ds. How long in U.S. If of foreign birth?yrs,mos,ds.
2. FULL NAME The Strayer	our
(a) Residence: No. 10/8 VV.4 VIII (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 19 193 4
5a. If marriad, widowed, or divorced HUSBAND of Collins	22. IHEREBY CERTIFY, That I attended deceased from
00 - 1011	193 to MAN 7 , 1934
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days II LESS than	I last saw h. Assa aliva on
1 LESS trian 1 dayhrs.	to have occurred on the data stated above, at 1 1 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and	Duration : General months
10. Oate deceased last worked et this occupation (month and 1931 11. Totel time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) smestourn, mod (State or country)	Othar Ceatributery Causes of Importance:
1 24 //6	
I	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Oate ol
15. MAIOEN NAME Saruh Collins	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) June Slown May (State or country)	23. If death was due to externel causas (VIOLENCE) fill In also the Tollowing: Accident, suicide, or homicide?
17. INFORMANT Colless	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL- PIECO DIVISIONI DATE HUV 22, 1934	Manner of injury
19. UNDERTAKER Samuel It. Otrace Vone (Addiess) 638. H. Sulyupp	24. Wes disease or injury In any way releted to occupation of deceased?
20. FILEO May 25, 1954 Jo Klashing. Registrar.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RGIN RESERVED

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Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

-WRITE PLAINLY, WITH

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11571
1. PLACE OF DEATH	(82-0)
County Survey	Registration Dist. No. 268
Village or City WELLOW	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) As. How long in U.S. If of foreign birth?
2. FULL NAME Olisa Cour	
1.101	CA Wood
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR ON RACE 5. SINCLE, MARKED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH . Nov 30 193 4 (Month) (Day) (Yeer)
5a. I f married, widowed, of div orced	
HIT WIFE OF Colward Grans	22. I HEREBY CERTIFY, That I ettended deceased from NOV 7,5 1934 to NOV 20 1934
A DATE OF STREET	
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 A.m.
61 Mula 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade profession or particular	were as follows: Date of onset
Kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end 4 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Primary cause and form of Jardyois: Core-
TO. Date deceased last worked et this occupation (month end 1930 11. Total time (years) spent in this occupation	brak humoritrage Metag
10 PIRTINION (II) LINEWA	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	Parahaga
I 13. NAME WESLEY WELSE	S. Samuellin
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Reduce Country	Whet test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Swith larrey	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Switch Coards 16. BIRTHPLACE (city or town) Wenney (State or security)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Que te la Cardina (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR LENDVAL Place Date Date Date 1934	Manner of injury
19. UNDERTAKER SUE BUEBLE	24. Wes disease or injury in any way releted to occupation of deceased?
(Address) Deals Island	If so, specify
20. FILED Dee 5 1934 Rora Wellels Registrar.	(Signed) Company M. D. (Address) Prints and M. A.
	a hopology ich

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause, Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebrat hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

certificate.

of

See instructions on back

Exact statement

item of inforshould state of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	————	10.0
County WITHIN CORPORATE LIMIT	131 Registration Dist. No. 2 6	0.5
Village or City, Collegella (I	No. St.,	Word
Length of residence in city or town where deeth occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsm	10sds.
2. FULL NAME Sauce Samuelotre		
(a) Residence: No	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Jay)	_, 193 <u></u>
HUSBAND OF (or) WIFE OF Emma Sterling	22. I HEREBY CERTIFY, That I attended 1934 to 200.	deceesed from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at 51 3021 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	; deeth is seld
8. Trade, profession, or particular	were as follows:	Date of onset
SAWYER, BOOKKEPER, etc. Survey Smith 9. Industry or business in which work wes done, as SILK MILL, watch SAW MILL, BANK, etc.	nephritis	10/1/34
11. Total time (years) spent in this occupation (month and year) year) 11. Total time (years) spent in this occupation. 40 %	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stete or country)	neuriti	11/1/1/14
13. NAME (LUCY TOWN) 14. BIRTHPLACE (city or town)		1-1-4
4 14. BIRTHPLACE (city or town) (State or country)		
15. MAIDEN NAME	What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	•
17. INFORMANT abretta Dennis:	(Specify city or town, county and States Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place days source Date Nov 20, 19 3 cg	Nature of Injury	**********
19. UNDERTAKER Chas Howard (Address) - marion made	24. Was disease or injury in any wey releted to occupation of deceased?	
20. FILED MARY 19, 19 Set for leading	(Signed) VV. A Stuffley	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II
ause of death and related causes Date of c
1 week
car 1 week
3 days
ory causes of importance:
1 ye

BINDING

FOR

RGIN RESERVED

1. PLACE OF DEATH

_/	(131)
reiset	Registration Dist. No. 260
vers dung	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
own where death occurredvrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
ury M. Hoy	way
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
TATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RACE , S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	1000. 10 , 193 7
	(Month) (Oay) (Year)
Eum Hayman	22. CHEREBY CERTIF That I attended deceased from
	19 34 10 1440 18 1934
year) april 25, 1858	I last sew han alive on Nov 10, 19. 34; death is said
Months Oays If LESS than	to have occurred on the date stated above, at 3.14 Fm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
ar distribution	Were as follows:
ight for form	(1) -1,11
	Chrowe leplantes ?
AILL,	
t 11. Total time (years) spent in this	
occupation	
n. l l	Other Contributory Causes of Importance:
plany long	
1. Hauren	
	100000000000000000000000000000000000000
morland,	Name of operation
ne alatati	What test confirmed diagnosis? Wes there an autopsy?
your wagener	23. If death was due to external causes (VIOLENCE) fill in also the following:
Cose on last	Accident, suicide, or homicide? Date of injury, 19
, and a grace	Where did injury occur?
mit ochoon "	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
hed?	
AL Q	Manner of injury
(Rucoate how 2), 19 33	Neture of injury
9 10 0	24. Was disease or injury in any way related to occupation of decessad?
as (Parintes)	
and the same	If so, specify Tuesdy Real of
- Thereth	(Signey) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			
			The N

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

18

SIAIL OF MARYLAND— 1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Serverset	Registration Dist. No. 264
Village or City Factorial	No. St., Wallf death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?
2. FULL NAME M. S. Holland	
(a) Residence: No. F. A. (Usual place of abode)	St., Ward. If nonresideot give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (2011e the word)	21. DATE OF DEATH MAN. 2 4 193 4
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
Ummae Howard	22. I HEREBY CERTIFY, That I attended deceased from 25 19 ff., to Nov. 2/134
DATE OF BIRTH (month, dey, and year) Nov. 12 1838	I last sew h. 1 M. alive on Ocos. 26 9 , 19 94; death is s
. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 123 m.
76 0 15 1 day,hrs.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Oysterman SAWYER, BOOKKEEPER, etc.	Green Hessessky 10/
kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et business in this preparation (month and	4
10. Date decessed last worked et this occupation (month and yeer) 11. Total time (years) spent in this occupation	
P - 1-0	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) Some Some Some Some Some Some Some Some	Hemifelegea 11/2
13. NAME MY HOLLAND TO THE STATE OF THE STAT	Name of operation Manue Dete of
(State or country)	What test confirmed diagnosis? Oleseer Res there an autopsy?
15. MAIDEN NAME Mary Croswell 16. BIRTHPLACE (city or town) Jones of Conference of Co	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Joneset a	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
7. INFORMANT July Holland	(Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place tof t. Cemeloy Date 100-24 1834	Neture of Injury
9. UNDERTAKER John flogradshow	24. Was disease or injury in eny way related to occupetion of deceased?
0. FILED MOV 27, 1934 J. E. Dickinson	(Signed) Hung OD Muley M
Registrar.	(Address) - July 100 Confee

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and relate of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 1 July 5, 1927	Peritonitis	3 days ago
KUMEN	UV S		
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	County		sit.				Registration Dist. No. 27		
	Village or C						death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?		
2	(a) Residen	ME	m	rel	John Osul (Usual place	mil	St., Ward. If nonresident give city or town and State		
	PERSON	AL AND	STATIS	TICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
0	nale	4. COLOR	Br			RIED, WIDOWED, D (perice the word)	21. DATE OF DEATH 2 9 , 193 9 (Month) (Day) (Ye		
5a. If married, widowe HUSBAND of (or) WIFE of		ed, or divorce	ant.				22. I HEREBY CERTIFY, That I attended deceased		
		,,,,,	mor	28 Days	1934	I last saw h aliva on , 19 34; death to have occurred on the date stated above, at 6 2 m.			
		1 day 2 - h		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:					
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc			ns		7 moulh clued			
			ma (years) nt in this						
12.	BIRTHPLACE (cli	y or town)	J)	occi	pation	Other Contributory Causes of Importance:		
ER	13. NAME	4 .	John	nov	7.		of motter		
FATHER	14. BIRTHPLACE (Stata or)	A.			Name of oparation Data of What test confirmed diagnosis? Was there are autopsy?		
15. MAIDEN NAME Peller Byd. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Llyd Jehnson. (Address) 18. BURIAL, CREMATION, OR REMOVAL FREE Part Country Date mr. 30, 1934			rl.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?					
			7						
			ite mr	Manner of injuryNature of injury					
19.	UNDERTAKER(Address)	Plays	John	nd.	Father		24. Was diseasa or injury in any way related to occupation of deceased?		
20.	FILED.	30 ,19	349	irel	ia 12	Registrar.	(Signed Levery Coullism.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDEAU V S			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1)	infor-	state	UPA-	
7	Jo u	plno	220	
5	iten	sh	Jo	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RD.	L	sta	
	REC0	7. PH	Exact	
ARGIN RESERVED FOR BINDING	NENT	CTLI	ified.	
[QN]	RMA	XA	class	•
R B	A PF	ed F	perly	ficate
FO	IS	stat	prol	certi
ED	HIS	be	he	Jo
ERV	K-T	plnoy	may	back
ESI	Z	E s	at it	on s
Z	DING	AG	so th	ctions
RGI	VFAL	plied.	rms,	nstru
A	5	dns	n te	ee i
	VITH	ully	plai	t. S
	Y, V	aref	H in	rtan
•	INL	pe o	EAT	impo
	PLA	plnoi	F D	very
	TE	n sh	SE C	is
. 1	-WRI	matio	CAUS	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF MARY	LAND-CER	TIFICATE	OF	DEATH
--------------------------------------	-------	---------	----------	----------	----	-------

1	PLACE O	F DEATH						
	County	Somerset			Registration Dist. No. 260			
	Village or C	ity Nr. Eden			NoSt	Ward		
				,	No. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs.	d number) mosds.		
2	FULL NA	ME Stillb	orn King					
	(a) Residen	ice: No.			St., Ward.			
	PERSON	IAL AND STATIST	(Usual place		If nonresident give city or town a	nd State		
3. 9		AL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	-1		
	F	Col.		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Nov. 20 (Month) (Day)	, 1935 (Yaar)		
5a.	if marriad, widow HUSBANO of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That i attende			
	(or) WIFE of				, 19, to			
6. I	ATE OF BIRTH	(month, day, and yaar)	Nov. 20,	1934	I last saw h aliva on			
7. A			Days	If LESS than	to have occurred on the date steted above, at 4 P m.	, 000111 13 3810		
				1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance ware as follows:			
z	8. Trede, profe	ssion, or particular		1 01	STILLBIRTH	Data of onset		
	SAWYER	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc						
	9. Industry or work was	business in which s done, es SILK MILL, LL, BANK, atc						
2		LL, BANK, atced last worked at	11 Total ti	me (years)				
0	this occu	pation (month and	sper	nt in this				
12.	BIRTHPLACE (cit	ty or town) Somer			Othar Contributory Causes of importanca:			
2	13. NAME	Ollie K	ing					
FATHER	14 DIDTUDIACE	(city or town) Fru		MA	Name of averaging			
F		country)	# M # 50 # A M 9	0124-	Neme of operation Oate of. What test confirmed diagnosis? Was there are			
2	15. MAIOEN NA	ME Mary L.	Cottman		23. If daeth wes due to externel causes (ViOL ENCE) fill in elso the following			
MOTHER		(city or town) Gree			Accident, suicide, or homicide? Oate of injury Whare did injury occur?	•		
17.	INFORMANT				(Specify city or town, county and S Specify whether injury occurred in iNOUSTRY, In HOME, or in PUBLIC I	ate) PLACE.		
18.	BURIAL, CREMAT	ION, OR REMOVAL			Menner of Injury			
	Placa		Oata	, 19	Nature of Injury			
19.	UNOERTAKER				24. Wes disease or injury in any way releted to occupation of decaased?			
20.		, 19		Registrar.	(Signed) A Small (Xsf in allus (Aress) Parmans Que	me JM. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Somessel WITHIN CORT	Registration Dist. No. 265-
Village or City Cresfield	No. St., Ward
Length of residence in city or town where deeth occurred 64 yrs. 3 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) How Jong Ju U.S. if of foreign birth?yrsmosds.
2. FULL NAME amelia. Henerita	Lanklard
(a) Residence: No. /// Chesakeake a	VESt Ward.
(Usual place of abode)	. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decassed from
agar Lankford	2002, 13 , 193 4, to 2000. 19 , 19 34
6. DATE OF BIRTH (month, day, and year) 29 1871	I last saw h W alive on Con . 19. 4. death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, et
07 2 2/ ormin.	wase as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Valoutar Scean Risease Da. 13
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked, at this occupant in this securation (many first of the control of the contr	
10. Date decessed last worked at this occupation (month about the year) spent in this occupation.	
12. BIRTHPLACE (city or town) Crisfield md	Other Contributer Causes of Importance:
13. NAME Deven Surling	
14. BIRTHPLACE (city or town) Crisfield	Name of operation
1 - (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME many Steeling	23. If death wes dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Sterling 16. BIRTHPLACE (city or town). White Country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Arold Sterling and (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Crispiela Cemelingoale Mar. 21, 1937	Nature of injury
19. UNDERTAKER John C. Fradelay (Address)	24. Was disaase or injury in eny wey related to occupation of deceased?
	(Signad) Calear I Schwalka M. D.
20. FILEO 1934 la blacker.	(Address) Larestier

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	į!	Example II	
The principal confirmation of importance v	ause of death and related causes were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	To a second			
Other contribut	ory causes of importance: V \(\O \)		Other contributory causes of importance:	
Gallstones	JERT IT NAL	May 1,1923	Gastroenteritis	1 year
	COLARGO			

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA.

N. B.

1. PLACE OF DEATH	92:00)
County () merset	Registration Dist. No. 2 le le
Village or City Tylerton	No. St. Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yrs	ds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME form cooper Marsh	call
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEY) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (qurite the word)	M. DATE OF DEATH
5a. If merried, widowed, or divosed)	(Month) (Day) (Year)
HUSBAND of COT WIFE of Angels	I HEREBY CERTIFY, That I ettended deceased for
Thomas J. Thompson	July 22, 1934, 10 nov. 1, 193.
6. DATE OF BIRTH (month, day, end yeer) April 19, 1865	Clast say 1 elive on NOT
7. AGE Yeers Months Deys If LESS then 1 day, hrs.	to heve occurred on the date stated above, at G. PDL-m.
69 7 16 Iday,mrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER	Date of or
kind of work done, as SPINNER, Haleman SAWYER, BOOKKEEPER, etc. Industry or business in which	Christo Selwoods
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, Aduman SAWYER, BOOKKEPPER, etc. 9-Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (month and	
yeer) spentin this	
12. BIRTHPLACE (city or town) Smith Saland	Other Contributory Causes of Importence:
(State or country) a wd	(april, Admenraly)
13. NAME John of marball	
14. BIRTHPLACE (city or town) Tylerton	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Julia Cim Tylu	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)) multis I don't	Accident, suicide, or homicide? Oate of injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Pleason Moistall	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Tylulon and	
18. BURIAL, CREMATION, OR REMOVAL)	Manner of injury
Plece / flaton Tra Date / Ov 1934	Nature of Injury
19. UNDERTAKER John a brodstan	24. Was disease or injury In any way releted to occupation of deceased?
(Address) Censfield and	If so, specify African
20. FILED May 7 1934/ Carrie M Stilching	(Signed) M + D WMC M
Registrar	(Address) CANGLE FIRE

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis	1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset 1 week ago 1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

infor-state UPA-

1. PLACE OF DEATH

County Sozielise	Registration Dist. No. 260
Village or City Trees Occ	No. St., Ward
Length of residence In city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?. yrsmosds.
5.1	I
2. FULL NAME Shull	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID 6R DY VORCED (write th	
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of East Muldon	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jug. 14.18	67 I fast saw h Devalive on Serve (7 19 34 death Is said
	SS than to have occurred on the date stated shove, et // 5 am
	The PRINCIPAL CAUSE OF DEATH and related causes of importance
A Trade protection or particular	main. were as follows:
kind of work done, as SPINMER SAWYER, BOOKKEEPER Sto.	Legoner Vapolita . 47 mis
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Chrome Heart Drosse 4 nay-
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
this occupation (month and spant in this year) occupation	
Kram - lini	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country)	
13. NAME Efward Millan	
14. BIRTHPLACE (city or town)	Name of coastion
(State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME not known	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Property There There Su	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Princess lime Date Requester;	99-3-4 Nature of injury
19. UNDERTAKER Dale Dashiell (Address) Princess and Find	24. Was disease or injury in env way related to occupation of deceased?
20, FILED 11/19 1934 9 Hinish	(Signed) Miggard M. Dankson M. D.
	Registrar. (Address) V. L. C

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Wings V. g.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

1.3	P. 300 y	.9	11	41	1	* 10	-1.1

CAUSE OF DEATH in plain terms, so that it may be properly class	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA mation should be carefully supplied. AGE should be stated EXA	TTH U	ARGIN RESERVED FOR BIND H UNFADING INK-THIS IS A PERMA supplied. AGE should be stated EXA	RES G IN	ERV.	ED HIS	FOR IS A stated	BINI PERM E X
	CAUSE OF DEATH in	plain 1	instruction	that	it may	be	proper	ly cl

1. PLACE OF DEATH	CERTIFICATE OF DEATH 115.9
County Dempus	Registration Dist. No.
	NoWard death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME AND A Sheer	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Osw (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrig the word)	21. DATE OF DEATH
is. If merried, widowed, or divorced	
(or) WIFE of Hus Mus	22. I HEREBY CERTIFY. That I attanded deceased from Oct. 15 1934 to Nort 2 2 1934
6. DATE OF BIRTH (month, day, and year) Nous 12- 1888	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Carlinoma of ut man 1939
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked at this occupation (month agent) in this country and the second lest worked at the second lest worked lest worked at the second lest worked lest	- Thomas of warming 1193
10. Data deceased lest worked at this occupation (month and)	0
12. BIRTHPLACE (city or town) Oriole	Other Cantributary Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town)	
(Stata or country)	Name of operation Date of Whet tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME QUILAN TOMOGON	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME SUCCESS TO THE SECOND	Accident, suicide, or homicide?
(State or cochtry)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Ombie Mc	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Place 10 Date 10 1934	Manner of injury
19. UNDERTAKER Agus I alemne (Address Andress	24. Was disease or Injury in eny way releted to occupation of deceased?
20. FILENOU 15 , 1034 Cmg & Bruth	(Signed) D. M. D. M. D. M. D.
Registrar. If more blanks are needed, address State Revistrar.	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal eause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago 1915 Run over by street car 1 week ago Chronic interstitual nephritis 1921 Peritouilis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

should state of OCCUPA.

1. PLACE OF DEATH A	———— Roa
County Homesset	CORPORATREGISTRATION Dist. No. 2 6 94
Village or City Cresteeld	No. St., Ward
O/ (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred O.G. yrsmos	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Abram N. Jel	on,
(a) Residence: No. A Strucy live,	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mola OR DIVORCED (write the word)	-1100, 29 1934
5a. If married, widowed or divorced to the state of the s	(Month) (Pay) (Year)
5a. If married, widowed or divorced & Nolson (or) WIFE of	22. I HEREBY CERTIFY. That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Sacr 27 4- 1848	I last saw h alive on 29 , 1994; death is said
7. AGE Years Month's Days if LESS than	to heve occurred on the date stated above, at 11.4. P.m.
86 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or perticular kind of work dona, as SPINNER, Posterier .	auf Del 7 New 7. Date of one of
SAWYER, BOOKKEEPER, atc.	Typina
kind of work dona, as SPINNER, Joshucu, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased iast worked at this occupation (month and	
10. Data daceased iast worked at this occupation (month end yeer)	
12, BIRTHPLACE (city or town) A & O	Other Contributory Causes of importance:
(Stata or country) Somegae Co, Mill	Rughers boull. Strontaled orweld
# 13. NAME don't know	Hema Bilatural
13. NAME don't know 14. BIRTHPLACE (city or town) Md.	Name of operation Latery 1 Autury hour Date of 100 29 34
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Ressee Henderson, 16. BIRTHPLACE (city or town) Add.	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injumv_28, 19.3 \(\frac{1}{2} \)
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OSCILLA VELSON (Address) Cristical Md,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Tall on Bop.
Place & Seeld Duelle youte Nat 1 2 - 1, 1934	Neture of injury Contineum of Aldm. Port forul.
19 UNDERTAKER TO Lawson	24. Was diseasa or injury in any way ralated to occupation of decaased No.
(Address) Cosfield Mol,	If so, specify
20. FILED hov3 0, 1934/ 6 & la all Registrar.	(Signed) Glorge & Coullnum M. D. (Address) Larion m. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

CEDTICICATE OF DEATH

115511

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 UEC 7 1034			3 19
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	11491,1000	Adam deliter and	1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

(6) WIFE OF V. MOLLIAM VOLY 1934, to NOV 2, 1934	STATE OF MARTLAND	CERTIFICATE OF DEATH
Village or City (If death occurred in a horpital or imitation, give as NAME interest and number) 2. FULL NAME (a) Residence: No. Village of Abdo's PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (Unas) place of Abdo's Village of Abdo's Village of Abdo's PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (Unas) place of Abdo's No. Village of Abdo's Village of Abdo's MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF DEATH 2. DATE OF BIRTH (month, dev, end year) 3. SEX 4. COLOR OR RACE (Month) 10	1. PLACE OF DEATH	
Village or City. No. St. Ward City or town where death occurred St. Now long in U.S. If of foreign birth? St. Now long in U.S. If of foreign bi	county Jonnerset	Registration Dist. No. 260
(a) Residence: No. Characteristics of Characteristi	Village of City	NoSt.,War
(a) Residence: No.	Length of residence in city or town where death occurredyrsmes	ds- How long in U.S. if ol foreign birth?yrsmosd
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR PACE J. S. SINGLE MARRIED, WINDOWED OR-BYDREED (critic the yord)	2. FULL NAME Our Estelle V	usey
3. SEX 4. COLOR OR RACK S. SINGLE, MARRIED, WIDOWED, OR DEATH COLOR OR RACK Control the yord) 5. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization S. If married, widowed, or glyored Wilshald of Organization Wi	(Usual place of abode)	If nonresident give city or town and State
Sa. It married, widowed, or eigorced HUSBAND (Month) JDay) (Yoar) (Wort) A Married, widowed, or eigorced HUSBAND (Month) JDay) (Wort) A Married, widowed, or eigorced HUSBAND (Month) JDay) (Wort) A Married, widowed, or eigorced HUSBAND (Month) JDay) (Wort) A Married, widowed, or eigorced HUSBAND A Married, widowed, or eigorced Husband Husband A Married, widowed, or eigorced Husband Husband A Married, widowed, or eigorced Husband Husband Husband A Married, widowed, or eigorced Husband Hus		
59. It married, widowed, or glyorced HUSBADO H	OR-DIVORCED (write the word)	12 00 193
8. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Oays If LESS than I day, hrs. If LESS than I day, hrs. If LESS than I day, hrs. SANYER, BOOKKEEFER, etc. SANYER, BOOKEEFER, etc. SANYER, BOOKKEEFER, etc.	HUSBANO of	22. O THEREBY CERTIFY, That I attanded deceased fro
8. Trede, profession, or particular were as follows: 8. Trede, profession, or particular were as follows: 9. Indicative of done as SPINNER, SAWYER, BOUNKEPER, etc. 9. Industry or business in which work done as SILK MILL. SAWYER, BOUKKEPER, etc. 10. Detc decessed lest worked at this occupation (month end year) 11. Total time (years) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Piece 19. Understaker (Address) 19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 19. Understaker (Address) 19. Where of injury Name of injury Name of injury Name of injury Nature of injury on we yeleted to occupation of decessed? (Signed) (Signed)	6. DATE OF BIRTH (month, dey, end yeer)	I last saw h 4 alive on Nov 5 ,19 34; deeth is sai
8. Treds, profession, or particular modes and profession of particular modes and particular modes and profession of particular modes and parti	~ 0 1 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Piece Manual Piece Manual	8 Trade profession or particular	Sancon St. F. D. 192
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Piece Manual Piece Manual	9. Industry or business in which work wes done, es SILK MILL,	()
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL PIECE (Address) 19. UNOERTAKER (Address) 20. FILEO. Nov. 3, 19. 34. J.	To. Dete deceesed lest worked at this occupation (month end year) year) 11. Total time (yeers) spent in this occupation	
Whet lest confirmed diagnosis? Westhere an autopsy? Accident, suicide, or homicide? Oate of Injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Wanner of injury Nature of Injury 19. UNOERTAKER (Address) Westhere an autopsy? Whet lest confirmed diagnosis? Westhere an autopsy? Accident, suicide, or homicide? Oate of Injury Where did injury occurr? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Wanner of injury 19. UNOERTAKER (Address) Westhere an autopsy? Accident, suicide, or homicide? Oate of Injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. If so, specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. If so, specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. If so, specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Signed) (Signed) (Signed) (Address)		Other Contributory Causes of Importence:
Whet lest confirmed diagnosis? Westhere an autopsy? Whet lest confirmed diagnosis? Westhere an autopsy? Whet lest confirmed diagnosis? Westhere an autopsy? 23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Oate of Injury Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury 19. UNOERTAKER (Address) Manner of Injury 24. Was disease of injury in any wey releted to occupation of deceesed? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address)	II 13. NAME & Trank	
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Plece Manner of injury Nature of Injury 19. UNOERTAKER (Address) 24. Was disease or injury In any wey releted to occupation of deceesed? If so, specify (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Wanner of injury 19. UNOERTAKER (Address) (Signed) (Signed) (Address) (Address)	4. BIRTHPLACE (city or town) 3. The Country (State or country)	
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Plece Manner of injury 19. UNOERTAKER (Address) Nature of Injury 24. Was disease or injury In any wey releted to occupation of deceesed? If so, specify (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Wanner of injury 19. UNOERTAKER (Address) (Signed) (Signed) (Address) (Address)	15. MAIDEN NAME Mary E. Wryden	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Plece Manner of injury Nature of Injury 19. UNOERTAKER (Address) 24. Was disease or injury in any wey releted to occupation of deceesed? If so, specify (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Manner of injury 19. UNOERTAKER (Address) (Signed) (Signed) (Address) (Address)	O 16 BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Plece Authority 19. UNOERTAKER (Address) 20. FILEO 19. UNOERTAKER (Address) 20. FILEO 19. UNOERTAKER (Address) 20. FILEO 19. UNOERTAKER (Address) 21. Was disease or injury in any wey releted to occupation of deceesed? (Signed) (Signed) (Address) (Address) (Address)	State or country)	
18. BURIAL, CREMATION, OR REMOVAL Plece August Occur 1956. 4, 1934 19. UNOERTAKER (Address) 24. Was disease or injury In any wey releted to occupation of deceesed? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address)		
19. UNOERTAKER (Address) 24. Was disease of injury in any wey releted to occupation of decessed? If so, specify (Signed) (Signed) (Address) (Address) (Address)	18. BURIAL, CREMATION, OR REMOVAL	
20. FILEO. Nov. 3, 19. 34 J J Juith Registrar. (Address) Live and Turk	7 7 10 10	
20. FILEO (Address) (Address)	(Address) Princess and Ma	The transfer of the state of th
	Kegistrar,	(Address) Rue and Tur

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAN	D-CERTIFICA	ATE C	F DEATH
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11552

1. PLACE OF DEATH	<u> </u>
County Daylasmery Somewet	Registration Dist. No. 270
Village or City Solve And my miles A	yoracurdy murial Hoof. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Suin	
	Ch Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Strends Persons Wor 3 6. 193 4 (Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Oliveruta Runner.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dev. and yeer) 2011. 30. 1434	
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et
Plocents Remaind 1 dey,hr	were or follows:
8 Trade profession or particular	Blazerto Remare Date of onset
9. Industry or business in which	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
Sport in this	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	my h
	_
E	200
4 14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
15. MAIDEN NAMEMARGUES Migue Forcett	What test confirmed diagnosis? Was there en eutopsy? 23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homloide? Date of injury, 19
(Stete or country)	Where did Injury occur?
17. INFORMANT Hang & Haffin Long MA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Detel 19	Neture of Injury
19. UNDERTAKER CLESCOLO (Address)	24. Wes disease or injury in eny wey related to occupation of deceesed?
20. FILED 11/30 134 Gurelia Jourson	(Signed) France M. D. (Address) Property M. D.
Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis C C V	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1	July 5,1927	Peritonitis	3 days ago
Masseau V	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			43.34

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11553
1. PLACE OF DEATH	23
County trumant	Registration Dist. No.
Village or City August 110 Magnetic 110	No. Meeurdy number Hoof Curputer med Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME To alterson Pobrics	and.
1/1: 1 20]	7 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If marriad, widowed, or divorced	(Month) (Day) (Tear)
HUSBAND of (or) WIFE of	22. SHEREBY CERTIFY. That I attanded deceased from 30, 1984, to mm 7, 1934
6. DATE OF BIRTH (month, day, and year) 4 /90 4	I tast saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
30 5 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BDDKKEEPER, atc	arch Delof Heat
work was dona, as SILK MILL, Fulculu	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacaasad last worked at this occupation (month and year) occupetion	
12. BIRTHPLACE (city or town) 2	Other Coultibutory Causes of importance: Genel cultury Tubescaling
	-
44. BIRTHPLACE (city or town) 4. C.: (Stata or country)	Nama of operation Date of
	What tast confirmed diagnosis?
16. BIRTHPLACE (city or town) not known	23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicida?
∑ (Stata or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT Hopela (Beach) (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL) Place Craugh Leweter para 178 134	Menner of injury
19. UNDERTAKER Charly H Wardy	Natura of injury 24. Was diseasa or injury in any way related to occupation of deceasad?
(Address) Marion, AND	If so, specify 4
20. FILED 17 9, 1934 (Murella) Agrica	(Signed) Mary M. D.

le Elo cellin Relf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal tause of dea of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 11 A	July 5,1927	Peritonitis	3 days ago
	BONGE ALL V			
Other contributory causes	of importance:	- 1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

AGE should be stated EXACTLY. PHYSICIANS

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

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STATE OF MARY	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	The same	
County & principal		Registration Dist. No. 265-
0. 1. 8 0	COPPORA	No. Moles Off St. Ward
Village or City (W)	(If	death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrs D mos	
2. FULL NAME Edward Manso	n Shoclat	and the same of th
(a) Residence: No. Someract are		St Ward.
(Usual place of	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARI OR DIVORCED MARI	(write tha word)	21. DATE OF DEATH / 12 1934
5a. If married, widowed, or divorced	0	(Month) (Day) (Year)
HUSBAND of Gibby May S	trockly	22. AL HEBEBY CERTIFY, That I attended decaesad from
6. DATE OF BIRTH (month, day, end year)	1869	1 last saw h was eliva on November 12, 193 4; daath is said
7. AGE Years Months Days	If LESS than	to have occurred on the data stated above, at 12:00 nom.
65 10 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this corruption (month and the same and	on	Jouenn Bildin & Date of one of
9. Industry or business In which		· · · · · · · · · · · · · · · · · · ·
work was done, as SILK MILL, SAW MILL, BANK, etc		Xterrible 21 A
- 1 - this occopation (month and) 4 4 9 1 Spain	me (yaars) 3 0 t in this 3 0	J 12001/1
Micomio (anty	Other Contributory Causes of Importante
12. BIRTHPLACE (city or town) (Stata or country)		A The Schrones Hurdlen vet state
2 13. NAME Herebiah Short	elus	It y postone villuotion of the
I D. TI	9/	
14. BIRTHPLACE (city or town)	m	Name of operation
	7	What test confirmed diagnosis?
H		23. If deeth was due to externel ceusas (VIDLENCE) fill in also the following:
S (State or country)	,	Accidant, suicide, or homicide?
Mr. C. a. Cario		Where did injury occur? (Specify city or towo, county and State)
17. INFORMANT This tugine that	is and	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	10 24	Mannar of injury
Placa Date Date	7 7 . 19 . 3 . 7	Neture of Injury.
19. UNDERTAKER JOM 4 Bradsta (Addiess)	es a	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED hrv 13, 1934 le 6 lea	eling Registrar	(Signed) (Address) A.
If more blanks are needed, ac		2411 N. Charles Street, Baltimore, Requeling U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA.	1. PLACE OF DEATH	-CERTIFICATE OF DEATH	, 4	
tem of should of OCC	county omerset	Registration Dist. No. 270		
item shou of O	Village or City Marion		ard	
0	the state of the s	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How fong In U.S. if of foreign birth?yrsmos	_ds	
RECORD, Every PHYSICIANS Exact statement	2. FULL NAME John Thomas Ster (a) Residence: No John Mariou M (Ususi place of abode)	St., Ward. If nonresident give city or town and State		
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
E X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed	21. DATE OF DEATH / Ov 9, 193 # (Month) (Dey) (Year)		
ANAC	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of I da A. Sterling	22) I HEREBY CERTIFY, Thet I ettended deceased f		
, mark	6. DATE OF BIRTH (month, day, end year) Dout Ruger	I lest sew h alive on my 8 1934; deeth is	201	
IS A PE stated E properly certificate	7. AGE Yeers Months Deys If LESS than 1 day,hrs	to heve occurred on the dete stated above, at 8:000 m.		
	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	acut Del of / Heat Date of on	set	
	F ->	unia mr4.	36	
K—T hould may back	9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc			
KESE VG INK AGE sh that it ons on	10. Dete decessed lest worked et / 9 3 3 11. Total time (years) spent in this occupetion (month end year) occupetion			
So So Iction	12. BIRTHPLACE (city or town) Curfield (Slete or country)	Other Contributory Canses of Importence:		
UNFA UNFA supplied n terms, ee instru		- Choir Sut replats		
	I O	Chon's niposidelo		
F .= 70	14. BIRTHPLACE (city or town) Custilladia (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there en eutopsy?		
Y, WITH carefully H in plain	15. MAIDEN NAME Lda Morris	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:		
X, care TH i	15. MAIDEN NAME da Phorris 16. BIRTHPLACE (city or lown) MA	Accident, suicida, or homicide? Date of Injury, 19		
FE PLAINL should be E OF DEAT is very impo	17. INFORMANT Elton Howard	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.		
	(Address) 18. BURIAL, CREMATION, OR REMOVAL			
	Place at Paulstern Date MAV 11 , 1938	Manner of injury		
	19. UNDERTAKER JOHN a Bradstaw (Address)	24. Was disease or Injury in any wey releted to occupation of deceesed?		
z (T)	20. FILED 1911, 1934 Auselia 12 ausor	(Address) neares Daniel	1. D	
	le Elalling Registration needed, address State Registrati	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	;	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF D	DEATH
------------------------------------	-------

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Someret	Registration Dist. No. 270
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME (a) Residence: No. January (Vsual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Deyro Airy (2)	21. DATE OF DEATH W. 10 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1934 to NOV. 10 1934
6. DATE OF BIRTH (month, day, and year) Quy, 22, 93 \ 7. AGE Years Months Days If LESS than 1 day,	I last saw h alive on 7, 1937; death is said to have occurred on the date stated above, at 10 11 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, Was any	were as follows: Paulle fromour (Jobar) Date of opact 1/9/3
9. Industry or business In which work was done, as SPINNER, Not and SAWYER, BOOKKEEPER, atc.: 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) - spent in finis occupation.	
12. BIRTHPLACE (city or town) James May (Stata or country)	Other Contributary Causes of Importance:
13. NAME Welley for Slerley 14. BIRTHPLACE (city or town) Faturesonen und f (State or country)	Name of operation Date of
15. MAIDEN NAME Currie Holden	What tast confirmed diagnosis?
16. BIRTHPLACE (city or town) Mauramoro, M. (State or country)	23. If daath was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT annie Herling (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 1// 1/ 192+	Manner of injury
19. UNDERTAKER Clipfin Stevens	24. Was disease or injury in any way related to occupation of dacaased? 200
20. FILED MN 12,193 H le Elealens	(Signed) 1, F. Surfield M. D. (Address) B. D. W. M. D. W. A. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ECEIVET	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSHAU V. S.	: 8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH			
For authorisation there d	ate filed s	ee letter Fr	les under
Dr. Collers. 1/ 15		. ()	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(10%-c)
county Sombout	Registration Dist. No. 2.70
Village or City Crisfield, Mcheody Me	Month of Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	dean occurred in a norphys of institution, give its IVAIVE instead of street and number) 2 4 ds. How long in U.S. if of foreign birth?
2. FULL NAME Glorge Henry Cloba	tt) Swift
(a) Residence: No. Hards (Vassing (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV- 24, 193 4. (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from 1934, to Non 24, 1934.
6. DATE OF BIRTH (month, day, and year) July 30 1934	liast saw h.t. aliva on . Lov. 2 3 , 1934; death is said
7. AGE Yaars Months Days If LESS than 1 dey,hrs.	to heve occurred on the date steted above, atA_m. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance
9 Trade profession or particular	were as follows: Data of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Browles pallmone INR-ago
9. Industry or business in which work was done, as SILK MILL,	
NOTE OF THE STATE	
12. BIRTHPLACE (city or town) Crisfield	Dihar Contributary Causes of Importance:
(State or country)	
# 13. NAME Victor Wort	
13. NAME Victor Words 14. BIRTHPLACE (city or town) St Mary County	Name of operation
(State of country)	Whet test confirmed diegnosis? - Excessed Was there an autopsy?
15. MAIDEN NAME Fold wifff 16. BIRTHPLACE (city or town) Broduland (Stella or country)	23. If daeth wes due to external causes (VIDLENCE) fill In also the following: Accident, sulcide, or homicide?
College Collins Suit 14 th	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT They author and (Address)	Spacify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 100 25, 19.3 4	Menner of injury
19. UNDERTAKER - OM Al Branch how (Address)	24. Was disease or injury in eny way related to occupation of dacaased?
20. FILED VIV 24934 DEllelles Registrar.	(Signed) S. M. Psy for M. D. (Address) Cres full, rul.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

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E	xample I	1	Example II		
The principal cause of dea of importance were as foll	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEINE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	Equa	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 7 10-2	July 5,1927	Peritonitis	3 days ago	
	F REALLY S	15			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	STATE	OF	MARYLAND-CERTIFICATE C	OF	DEATH
E OF	DEATH A		48		

1. PLACE OF DEATH	
County Somewest	Registration Dist. No. 2 68
Village or City Crist'eld W	THIN CORPORATE LIMITS OF St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where beath occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Lovice & La	wes.
(a) Residence: No. Home Let Ge (Usual place of abode)	est., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Terrale While OR DIVORGED (write the word)	Nov. 4th 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Coff, John Lawes,	22. HEREBY CERTIFY, Thet i attended deceased from
1 D. Midlious	act 28 ,1934, 10 Nov 4 ,1934
6. DATE OF BIRTH (month, day, and year) June 0,41873 7. AGE Yaars Months Days, If LESS then	I last saw hele alive on Vost 4 115 al 19 34; deeth is said
6/ 1/ Q 1 dey,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	ware as follows:
8. Trada, profession, or perticular kind of work done, es SPINNER, House hoe felt, SAWYER, BOOKKEPER, atc.	through my grandition legs 734
9. Industry or business in which	The test of
work was done, as SILK MILL, SAW MILL, BANK, etc	
2 Spent III this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Custed (State or country)	Carcana of Ceruit
AT AN HOLD TO	U
14. BIRTHPLACE (city or town) flowers C & Comp.	
[State or country]	Neme of operation Date of
	What tast confirmed diegnosis? Chancel Was there an autopsy?
E A A	23. If death was due to external causes (VIDL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
10 10 +1-01	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT MADI TYPEN SMEXELOG (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL 1	Menner of injury
Pleca (string Churchely Date Nov, 7th, 1934	Nature of injury
19. UNDERTAKER J. S. Jawagn:	24. Was disease or injury in any way related to occupation of decaased? LO
(Address) Crisfield,	If so, specify
20. FILED my 6, 84 10/5 leasting	(Signad) Sacal re lay ton M.D.
Registrar.	(Address) Chis field, W.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	120
County Severall	Registration Dist. No. 760
Village or City Amoeu and	NoSt.,Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME WM Quin Laste	
(a) Residence: No. Pareneral Garage	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yest)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw n. alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
4 5 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Detably Date of onset
9, Industry or business in which	Convellions were due to gastra -
SAW MILL, BANK, etc	arteritis/a ceusep
yeer) // occupation	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) Hall word, the (State or country)	Mena
13. NAME Line M. Layler.	
14. BIRTHPLACE (city or town). Offersure.	Name of operation
15. MAIDEN NAME CO CINICI Le, 00	What test confirmed diagnosis? Hesters Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill it also the following:
16. BIRTHPLACE (city or town) Arcesty Cg. (State or country)	Accident, suicide, or homicide?, Date of injury, 19
D. O. O. D. D. C. O.	Where did injury occur? (Specify city or town, county and State)
(Address) Omer and, M.A.	Specify whether injury occurred in MDUSTRY, in HOME of In PUBLIC PLACE.
18. BUDAL PREMATION, OF REMOVAL MEPILODE DATE NOO 5 - 1934	Menner of injury
19. UNDERTAKER GREEN PORTO PORTO Reactor Medical Company	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED///5 , 1934 9 Jonah	(Signed) (Si
Registrar, If more plants are needed, address State Registrar,	(Address) Party Reprise Party No. 19 S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

<	tem of infor-	should state	f OCCUPA-	1
	RECORD. Every i	PHYSICIANS	Exact statement of	
OR BINDING	A PERMANENT	ited EXACTLY.	perly classified. 1	1.6.00
ARGIN RESERVED FOR BINDING	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	T :
ARGIN	Y, WITH UNFAD	carefully supplied.	'H in plain terms, s	
•	ITE PLAINL	en should be	SE OF DEAT	

1. PLACE	OF DEATH	(Language)	Registration Dist. No. 2 65
Village o	or City Cris July residence In city or town where	L. Ind	No. 32 9 Post St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. 18 ds. How long In U. S. if of foreign birth?
2. FULL N	NAME Matilia dence: No. 329	la Thomas Pine (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERS	ONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 7	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH)207. 7 (193 4 (Year)
5a. ff merried, wi HUSBAND ((or) WIFE o	idowed, or divorced of il		22. I HEREBY CERTIFY. That I attended deceased from Suid before Surgery, 10 19
6. DATE OF BIR' 7. AGE	TH (month, day, and year) Years Month	Deys If LESS then 1 day hrs or min.	Ware as follows:
VO SAW	rofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etcor business in which was done, es SILK MILL, MILL, BANK, etc		Dyscutery: Bacillary augo. Date of once
year)	ceased last worked at occupation (month and	11. Total time (years) spent in this occupation	Other Contributory Causes of importance: The rest of the children had dysonterry
13. NAME 14. BIRTHPL	Preston	10 mas	
(216)	ACE (city or town) - Ces e or country)	Va Va	Name of operation Date of What test confirmed diegnosis? Name Was there an autopsy? Man
15. MAIDEN NAME) 14 Atilda M Crealy 16. BIRTHPLACE (city or town) Creig Field (State or country)			23. ff death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
	MATION, OR REMOVAL	Cleaner W- 9 71	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKEF	0 1 4	Bradsham	24. Was disease or injury in any way releted to occupation of deceased? If so, specify
20. FILED.	N8,1934	log kellus Registrar.	(Signed) S. L. Lay For M. (Address Xis July 2014

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Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	THE PER SON	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FI	URTHER STATEMENTS BY PHYSICIAN

RGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH			
County Lowerset	Registration Dist. No. 268		
Village or City 2 miles North of Curren	THE STATE OF THE S		
Length of residence in city protown where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME CALLET	Day of week		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3.58X 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (peries the word)	21. DATE OF DEATH Overaler S (Month) (Day) (Year)		
5a. If married, widowed or divorced HUSBAND of Cor) WIFF of Married Wiles	22. I HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Aug 15, 1888	f last saw h alive on		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 92 Pm		
46 2 20 1day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this spent in this	From all the facts of tamable he was belled by a het-run		
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Drath due to hewarrhage from les		
12. BIRTHPLACE (city or town) The Control of the Co	Contraction of the property of		
13. NAME 14. BIRTHPLACE (city or town). Drangland			
14. BIRTHPLACE (city or town)	Name of operation		
(State or country)	What test confirmed diagnosis? Was there an autopsy? 10		
15. MAIDEN NAME Lecora . Wibsler 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIQLENCE) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury 11 1 19 14 Where did injury occur? A While North 1 Present accounts		
17. INFORMANT Tred Tout Soland Tred (Address) Deal Soland Tred	(Specify city or town(county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Deals Island Date Hoo 7 1934	Manner of injury		
19. UNDERTAKER Tred 7. shebatur (Address) Leals Island mg	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED NOT G., 1934 Rosa Welster. Registrar.	(Signed) M. D. (Address) Ruce Confinence of the		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11502
1. PLACE OF DEATH	(19)
County Emercel	Registration Dist. No. 260
Village or City Princes Com	No. St Ward
(Of	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or lown where deeth occurredmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Ster Milotin	te
(a) Residence: No. Mucan Curr	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV
May worred Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 +	, 19 , 10 , , 19
6. DATE OF BIRTH (month, day, and year) Culquest 7 1935	I last saw h aliva on
7. AGE Yaars Months Days 11 LESS than 1 day,hrs.	to have occurred on the date stated above, at
2 24 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	the was trought
work was dona, as SILK MILL, SAW MILL, BANK, atc.	to The one, Townstown
U 10. Date deceased last worked at 11. Total time (years)	tuning (it was bounting
O this occupation (month and spent in this occupation caupation	It was worther when
12. BIRTHPLACE (city or town) Houston DEC	Other Contributory Causes of importance:
(State or country)	
13. NAME Older blite	
13. NAME Clew While 14. BIRTHPLACE (city or town) Princes Times	Name of operation
(State or country)	
15. MAIDEN NAME Edremia Dorma	
E 0.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
Edward Indit	(Specify city or town, county and State)
17. INFORMANT Quality (Address)	Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Data Mine Data 11/ 1934	Nature of injury.
1	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address) (Address)	If so, specify
A	(Signed) Algheren t. Duter M.D.
20. FILED 11 V 1 1934 V Suistrar.	(Address) Ville die Un
	24.15 N. Charles Street, Baltimore, Requesting V. S. No. 7.

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Example I			Example II		
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FARM	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	- I V	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEO 8 16,	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of impo	ortance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
JIAIL	OI	MIVILIE	עוור.	CLIVIII	CITIL		DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH/	93-6
County Somesolt	Registration Dist. No. 268
Village or City DEOLS Island	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
22	ds. How long in U. S. If of foreign birth? yrs mos ds.
2. FULL NAME Theodore W.	Vtile-
(a) Residence: No. WEuona Md	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH)
Mole Wiel- Placed (write the word)	(Month) (Day) (Year)
5a. If married, widowed nor divorced HUSBAND of (eq.) WISS of	22. I HEREBY CERTIFY, That I attended deceased from
5 1 1 1 C 1 - 7	19.34, to Nov 18 , 19.34
6. DATE OF BIRTLY (month, day, and year) 7. AGE Years Months Days if LESS than	I last saw h
77 0 13/ 1 day,hrs.	to have occurred on the deta stated above, at
Trada, p:ofession, or particular	were as follows:
kind of work done, as SPANKR, Circle Jacob	Chrome myreadeling
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
3 10. Date deceased last worked at 11. Total time (years)	Front Janes nous Nor 13/13
this occupation (month and 1920 spent in this 50 grants)	
12. BIRTHPLACE (city or town) WELLO 120	Other Contributory Causes of Importanca:
(State or country) Many land	
13. NAME LOS SIL Whele	
13. NAME LO STATE OF THE STATE	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? J-J-O
15. MAIDEN NAME Maria a. Evaus	23, if death was dua to external causes (VIOL ENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAL	Manner of Injury
Place Charles Stewn Date Mov 20, 19.3 4	Nature of Injury
19 UNDERTAKER A. J. aut 7 Hurling	24. Was disease or injury in any way related to occupation of deceased?
(Address)	if so, specify An
20 FILED MOVI 9 19 3 4 Royan Welster	(Signed) M. P.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I	M. M	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago
Arteriosclerosis	1915	Attack of epilepsy Run over by street car	
Chronic interstitual nephritis			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 5 1844	14		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY FOR BINDING ARGIN RESERVED AGE should be

V. S. No. 1

ż

should state item of inforof OCCUPA. PHYSICIANS Exact statement properly classified. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY, WITH TION is very important.

Jesse

19. UNDERTAKER

(Address)

1. PLACE O		OF MAR	YLAND—	CERTIFICATE OF DEATH	1505
County				Registration Dist. No.	
	city Marion			No. St.,	mber)
2. FULL NA (a) Residen	ME Whitt	ington		St., Ward. If conresident give city or towo and S	
PERSON	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 201. 26	193 -4/
5a. If married, widow HUSBAND of		t		22. 1 HEREBY CERT1FY. That I attanded di	
(or) WIFE of	TIIT	ant			
6 DATE OF RIPTH	(month, day, and year)	Nov 26	1934	I last saw h alive on 19 :	
7. AGE Yas	ars Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profe kind of SAWYER	ession, or particular work dona, as SPINNER, BOOKKEEPER, etc	or particular one, as SPINNER. Infant		Stillborn	Date of onset
9. Industry or	business In which is done, as SILK MILL, LL, BANK, etc			3 month child	
- (1113 0000	ad last worked at pation (month and	spe	ime (years) nt in this upetion		
(State or cou				Other Contributory Canses of importance:	
D av. Hamile	esse Whitti	ngton			
14. BIRTHPLACE	E (city or town)	Id	***********	Name of operetion Date of What test confirmed diagnosis? Wes there an au	
15. MAIDEN NA	ME Christie	Johnson	1	23. If death was due to external causes (VIOLENCE) fill in also the following:	topsyr
16. BIRTHPLACE (city or town) (State or country)				Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17. INFORMANT	Mary Collin Westove	r, Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Output Description: Specify with the properties of the properties of the public of the public place.	DE.
18. BURIAL, CREMAT	tion, or removal brary Cemet	tery Nov	7. 26 34	Menner of Injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

24. Wes disease or injury In any way related to occupation of deceased?

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	BECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEL 5 11-1	July 5, 1927	Peritonitis	3 days ago	
	William VI				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

		sul
	WITH 1	efully
	X,	car
9	N	pe
1	PLA	should be carefully
.1	B.—WRITE PLAINLY,	mation s
V. S. No. 1	N. B	
	F	

Langth of residence in city or town where daath occurred	No. St., Walf death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where daath occurred	
	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME / Dunger The	hillington
(a) Residence: No. 4th Street	St. / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
M Cul OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaesad fr
DATE OF BIPTH (month day and year) Guly 7.2 1934	100 1924 10 200 2 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h_42 alive on AMD 1, 180 1; death is s to have occurred on the date stated above, at 7,100 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9/Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daeaased last worked at his occuration (most hand	Whooping Cough
9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date dacassed last worked at this occupation (month and spent in this year)	-
12. BIRTHPLACE (city or town)	Other Contributery Canses of Importance:
(Stata or country)	Wal Nubrdione_
13. NAME Somul Mullington 14. BIRTHPLACE (city or town) Marion	9
(State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
	23. If daath was due to axternal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
7. INFORMANT Als Cora Nelson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) 8. BURIAL, CREMATION, OR REMOVAL	Mannay of Intime
Place Aluroma Com Data Nov 4 ,1936	Manner of injury
9. UNDERTAKER Sha A Brodshow	24. Was disaase or injury in any way related to occupation of decaasad?
De 11 21 0 C Pa 20	If so, specify (Signad) (C. C. Yur)
20. FILED Resistrar.	(Address) Cufill

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
No DEC 2	1000		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	~		

ADDITIONAL	SPACE FOR FURTHER STATEME	ENTS BY PHYSICIAN
	Achange name s	ee letter reled under
Dr. Word 1/7/35	V	V

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MAR	RYLAND—CERTIFICATI	OF DEATH
--------------	--------------------	----------

1	. PLACE OF DEATH		
	County Somerser	Registration Dist. No. 27	0
	Village or City lesestila PED	NoSt., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mos	
2	FULL NAME Storing Mills	1	
	(a) Residence: No. Dewell (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 2 2 (Month) (Day)	193.44
5a.	if married, widowed, or divorced HUSBAND of		(1001)
	(or) WIFE of Clarence Mrules	22. I HEREBY CERTIFY, That I attended do	eceased from
6. 1	DATE OF BIRTH (month, day, and year) 1889	1 178st saw h 2 alive on 2 1 1934	, 195.4. death is said
7. /	months Days 11 E233 (Hell	to have occurred on the date stated above, atm.	
	45- Leak- 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
N	8. Trade, profession, or particular kind of work done, as SPINNER.		Date of enset
E	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonny	
UPA	work was done, as SILK MILL, SAW MILL, BANK, etc	1 fee	· \
OCCUPATION	10. Date deceased last worked at 11. Totel time (years)	mortinas	mes
	this occupation (month and yeer) / 4-3-2 occupation 2010		1132
12.	BIRTHPLACE (city or town) levisfield R.D. (State or country)	Other Contributory Causes of importance;	Are done for the first first first first first first
FATHER	13. NAME Peter Duria		
AT	14. BIRTHPLACE (city or town)	Name of operation Date of	
	(State or country)	Whet test confirmed diagnosis? Was there an au!	opsy?
MOTHER	15. MAIDEN NAME Elle Mulers	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
2	(State or country)	Where did injury occur?	
17.	(Address) lend it is	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place Hopewell Cerroate Nov 24, 19 4	Nature of injury	
19.	UNDERTAKER John a Budsheve	24. Wes disease or injury in eny wey releted to occupation of deceased?	9
20.	FILED Mor25, 19 \$ 4 le Eleveline	(Signed) le le le aller	M. D.
_			-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MEGFIN	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 NOW	July 5, 1927	Peritonitis	3 days ago
	13.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year